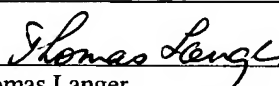


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| FORM PTO-1390<br>(REV02-2005)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE |  | ATTY. DOCKET #:<br>5284-81PUS                                |  |
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A<br/>SUBMISSION UNDER 35 U.S.C. 371</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                         |  | U.S. APPLICATION NO. 10/594254<br>(if known, use 37 CFR 1.5) |  |
| INTERNATIONAL APPLICATION NO.<br><b>PCT/FR2005/000645</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | INTERNATIONAL FILING DATE<br><b>16 March 2005</b>       |  | PRIORITY DATE CLAIMED<br><b>25 March 2004</b>                |  |
| TITLE OF INVENTION<br><b>Joint-Source Channel Decoding Method and Associated Joint Source-Channel Decoder</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                         |  |                                                              |  |
| APPLICANT(S) FOR DO/EO/US<br><b>Marion JEANNE; Pierre SIOHAN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                         |  |                                                              |  |
| <p>Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:</p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371</li> <li>3. <input checked="" type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(1).</li> <li>4. <input type="checkbox"/> The US has been elected (Article 31).</li> <li>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))             <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> has been transmitted by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US)</li> </ol> </li> <li>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).             <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ol> </li> <li>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been transmitted by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input checked="" type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</li> <li>10. <input type="checkbox"/> A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> <p><b>Items 11. to 20. Below concern other document(s) or information included:</b></p> <ol style="list-style-type: none"> <li>11. <input checked="" type="checkbox"/> Two Information Disclosure Statements under 37 CFR 1.97 and 1.98.</li> <li>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>13. <input checked="" type="checkbox"/> A preliminary amendment.</li> <li>14. <input type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</li> <li>15. <input type="checkbox"/> A substitute specification.</li> <li>16. <input type="checkbox"/> A power of attorney and/or address letter.</li> <li>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13<sup>ter</sup>.2 and 37 CFR 1.821-1.825</li> <li>18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).</li> <li>19. <input type="checkbox"/> A second copy of the English language translation of the International Application under 35 U.S.C. 154(d)(4).</li> <li>20. <input checked="" type="checkbox"/> Other items or information: (<i>specify</i>): PCT/IB/308, Cover page of published PCT application, Int'l Search Report, Written Opinion, Request for Publication of Assignment Information</li> </ol> |  |                                                         |  |                                                              |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                          |                                                                                                                                                                                       |                                               |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------|
| U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5)<br><b>10/594254</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | INTERNATIONAL APPLICATION NO.<br><b>PCT/FR2005/000645</b>                |                                                                                                                                                                                       | ATTORNEY'S DOCKET NUMBER<br><b>5284-81PUS</b> |       |
| The following fees are submitted:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                          |                                                                                                                                                                                       |                                               |       |
| 21. <input checked="" type="checkbox"/> <b>Basic National Fee (37 CFR 1.492(a)(1)-(5))</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              | <b>\$300</b>                                                             |                                                                                                                                                                                       | \$                                            | 300   |
| <input checked="" type="checkbox"/> <b>Examination Fee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                          |                                                                                                                                                                                       | \$                                            | 200   |
| If International preliminary examination report is prepared by USPTO and all claims satisfy the provisions of PCT article 33(1)-(4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              | <b>\$100</b>                                                             |                                                                                                                                                                                       |                                               |       |
| All other situations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | <b>\$200</b>                                                             |                                                                                                                                                                                       |                                               |       |
| 22. <input checked="" type="checkbox"/> <b>Search Fee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                          |                                                                                                                                                                                       | \$                                            | 400   |
| Search fee (37 CFR 1.445(a)(2)) has been paid on the International application to the USPTO as an International Searching Authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              | <b>\$100</b>                                                             |                                                                                                                                                                                       |                                               |       |
| International Search Report prepared and provided to the Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | <b>\$400</b>                                                             |                                                                                                                                                                                       |                                               |       |
| All other situations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | <b>\$500</b>                                                             |                                                                                                                                                                                       |                                               |       |
| <b>ENTER APPROPRIATE BASIC FEE AMOUNT (total of 21, 22 and 23) =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                          |                                                                                                                                                                                       | \$                                            | 900   |
| <input type="checkbox"/> Application Fee for specification and drawing filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                          |                                                                                                                                                                                       |                                               |       |
| Total Sheets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Extra Sheets | Number of additional 50 or fraction thereof (round up to a whole number) | RATE                                                                                                                                                                                  |                                               |       |
| -100 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | /50 =        |                                                                          | x \$250                                                                                                                                                                               | \$                                            |       |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(h)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                          |                                                                                                                                                                                       | \$                                            |       |
| Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Number Filed | Number Extra                                                             | RATE                                                                                                                                                                                  |                                               |       |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 14 - 20 =    | 0                                                                        | x \$ 50.00                                                                                                                                                                            | \$                                            |       |
| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2 - 3 =      | 0                                                                        | x \$200.00                                                                                                                                                                            | \$                                            |       |
| Multiple dependent claim(s) (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                          | + \$360.00                                                                                                                                                                            | \$                                            |       |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                          |                                                                                                                                                                                       | \$                                            | 900   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by 1/2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                          |                                                                                                                                                                                       | \$                                            |       |
| <b>SUBTOTAL =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                          |                                                                                                                                                                                       | \$                                            | 900   |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(i)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                          |                                                                                                                                                                                       | \$                                            |       |
| <b>TOTAL NATIONAL FEE =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                          |                                                                                                                                                                                       | \$                                            |       |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by the appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                          |                                                                                                                                                                                       | \$                                            |       |
| <b>TOTAL FEES ENCLOSED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                          |                                                                                                                                                                                       |                                               | \$900 |
| <b>Amount to be refunded:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                          |                                                                                                                                                                                       | \$                                            |       |
| <b>Amount to be charged:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                          |                                                                                                                                                                                       | \$                                            |       |
| <p>a. <input checked="" type="checkbox"/> A check in the amount of \$900 to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. 03-2412 in the amount of \$_____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 03-2412. A duplicate copy of this sheet is enclosed.</p> <p><b>NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b></p> |              |                                                                          |                                                                                                                                                                                       |                                               |       |
| SEND ALL CORRESPONDENCE TO:<br><u>Thomas Langer</u><br>Cohen, Pontani, Lieberman & Pavane LLP<br>551 Fifth Avenue, Suite 1210<br>New York, New York 10176                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                          | <br><u>Thomas Langer</u><br>Registration Number: 27,264 September 25, 2006<br>Tel: (212) 687-2770 |                                               |       |

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re National Phase PCT Application of

Marion JEANNE et al.

International Application No.: PCT/FR2005/000645

International Filing Date: March 16, 2005

For: Joint-Source Channel Decoding Method and  
Associated Joint Source-Channel Decoder

**REQUEST FOR PUBLICATION OF ASSIGNMENT INFORMATION**

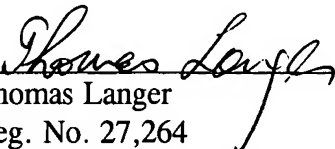
Mail Stop PCT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

S I R:

It is requested that the following assignment information be published as part of the  
18 month publication of the present application:

**France Telecom  
6, place d'Alleray  
75015 Paris, France**

Respectfully submitted,  
COHEN, PONTANI, LIEBERMAN & PAVANE LLP

By:   
Thomas Langer  
Reg. No. 27,264  
551 Fifth Avenue, Suite 1210  
New York, N.Y. 10176  
(212) 687-2770

25 September 2006